



## Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Little Foot</b>	Telephone Number (812) <b>948-3150</b>	Date of Inspection (mm/dd/yr) <b>2/8/2019</b>	ID # <b>18-153</b>
Establishment Address (number and street, city, state, zip code) <b>2589 Charlesown Rd. New Albany, IN 47150</b>	( ) Owner	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Vishal Patel</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 0 NC 3 R 2</b>	
Owner's Address	2. Follow-up	Menu Type (See back of page)	
Person in Charge <b>Mona Patel</b>	3. Complaint	<b>1 X 2 3 4 5</b>	
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler	5. Temporary		
	6. HACCP		
	7. Other (list)		

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
297	NC	R	Observed mold in lobby ice chute needing cleaned	Today
392	NC	R	Observed dumpster left open	Today
389	NC		Observed mop water needing changed	Today
			Establishment plans to expand in 2019.	
			-discussed required plan review with owner	
			Plan Review floydcountyhealth.org	
			\$100	
			-must complete and submit before tearing down interior wall	

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:

## Little Foot

# Floyd County Health Department Inspection Notes

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